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**SECOND  
INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

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1

Application Number

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First Named Inventor

Paolo FONTANAZZI

Examiner Name

Attorney Docket Number

1034170-000032

## U.S. PATENT DOCUMENTS

Examiner Initials	Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Issue/Publication Date (MM-DD-YYYY)
	2004/0169066	A1	Palm	09-02-2004

## FOREIGN PATENT DOCUMENTS

Examiner Initials	Document Number	Kind Code (if known)	Country	Date of Publication (MM-DD-YYYY)	STATUS			
					English Translation	IPER	With English	Cited in Specification
	*WO 03/006327	A1	International	01-23-2003				
	*WO 2005/097605	A1	International	10-20-2005				
	*000326566.0001		Multiple Community Design Registration	04/14/2005				
	*000326566.0002		Multiple Community Design Registration	04/14/2005				
	*000326566.0003		Multiple Community Design Registration	04/14/2005				
	*000326566.0004		Multiple Community Design Registration	04/14/2005				
	*000326566.0005		Multiple Community Design Registration	04/14/2005				
	*000326566.0006		Multiple Community Design Registration	04/14/2005				
	*1269161	S	Japan	04-24-2006				
	*1269162	S	Japan	04-24-2006				
	*1276153	S	Japan	07-10-2006				
	*1276154	S	Japan	07-10-2006				
	*1276155	S	Japan	07-10-2006				
	*1276269	S	Japan	07-10-2006				

## NON-PATENT LITERATURE DOCUMENTS

Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

\*Copy attached.

Examiner Signature	/Gary Elkins/	Date Considered	03/13/2010
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.  
Form Letters I

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /GE/